2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S19827 May 08, 2000 8:00 am Secretary of State 1. Entity Name DIAMOND-AIR, INC. 05-08-2000 90128 009 ***150.00 Principal Place of Business Mailing Address 4619 30TH AVE E 4619 30TH AVE E **BRADENTON FL 34208-7038** BRADENTON FL 34208 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0240407 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIMON, DWIGHT A. Street Address (P.O. Box Number is Not Acceptable) 4619 30TH AVE. E. **BRADENTON FL 34208** Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE DIMON, DWIGHT A NAME NAME 4619 30TH AVENUE E. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON FL CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE DIMON, CAROL E. NAME NAME STREET ADDRESS STREET ADDRESS 4619 30TH AVE. E. CITY-ST-ZIP CITY-ST-ZIP BRADENTON FL Addition -TITLE -~~ ~ □ Channe ☐ Deléte TITLE NAME DIMON, DAVID A. NAME 6419 9TH STREET E STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRADENTON, FL 34207 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empe

changed, or on an attachore

SIGNATURE: